



PARENTERAL NUTRITION STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

ORGANISATIONAL QUESTIONNAIRE

CONFIDENTIAL

PLEASE COMPLETE ONE ORGANISATIONAL QUESTIONNAIRE FOR EACH HOSPITAL IN YOUR TRUST THAT ADMINISTERS PARENTERAL NUTRITION TO INPATIENTS

Name of Trust: _____

Name of Hospital: _____

Name of NCEPOD Local Reporter: _____

Position of person(s) completing the questionnaire : _____

What is this study about?

NCEPOD is examining the process of care of patients of all ages who received parenteral nutrition as an inpatient between 1st January 2008 and 31st March 2008. The study aims to identify areas where the care of these patients might have been improved (remediable factors). All NHS and independent hospitals that admit both acute and elective admissions in England, Wales and Northern Ireland; public hospitals in the Isle of Man, Jersey and Guernsey, will be included in the study.

Who should complete this questionnaire?

This questionnaire should be completed by the Medical Director of the Trust or a person nominated by them who would have the knowledge to complete it accurately or be able to seek help to complete it accurately.

To ensure confidentiality of the data, completed questionnaires must be returned directly to NCEPOD.

Please use the SAE provided.

How to complete this questionnaire

Information will be collected using two methods: Box cross and free text, where your clinical opinion will be requested.

This form will be electronically scanned. Please use a black or blue pen. Please complete all questions with either block capitals or a bold cross inside the boxes provided e.g.

Does your hospital have a nutrition team?

Yes No

If you make a mistake, please "black-out" the incorrect box and re-enter the correct information, e.g.

Yes No

Unless indicated, please mark only one box per question.

Questions or help

If you have any queries about the study or this questionnaire, please contact NCEPOD at:

parenteralnutrition@ncepod.org.uk

Telephone 020 7631 3444

Thank you for taking the time to complete this questionnaire. The findings of the full study will be published in mid to late 2010.

FOR NCEPOD USE ONLY

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HOSPITAL WARDS

1. Please indicate which wards your hospital has.

(i) Adult Medical Yes No

(iv) Paediatric Medical Yes No

(ii) Adult Surgical Yes No

(v) Paediatric Surgical Yes No

(iii) Adult ICU Yes No

(vi) Paediatric ICU Yes No

*If a combined medical/surgical ward please mark both medical and surgical

(vii) Neonatal ICU/
Special Care Baby Unit) Yes No

2. a. How many PN prescriptions were written in the 2007 - 2008 financial year?

b. How many patients received PN as an inpatient in the 2007 - 2008 financial year?

A. ADULT PATIENTS

Please answer questions 3 - 15 with respect to ADULT PATIENTS. If your hospital does not admit adult patients please go to section B on page 4

PRESCRIPTION

3. a. Who decides on the composition of PN (please answer this for each type of adult ward your hospital has, answers may be multiple)?

	(i) Adult Medical	(ii) Adult Surgical	(iii) Adult ICU
Medical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietitian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition nurse specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Would the above person(s) usually belong to the nutrition team?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. a. Who signs the prescription for PN in your hospital (please answer this for each type of ward your hospital has, answers may be multiple)?

	(i) Adult Medical	(ii) Adult Surgical	(iii) Adult ICU
Medical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition nurse specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Would the above person(s) usually belong to the nutrition team?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



MANUFACTURE AND SUPPLY

5. Where is PN prepared? On-site
 External pharmacy (another hospital)
 External manufacturer
6. If PN is ordered during normal working hours how quickly can your pharmacy/manufacturer supply PN (turn around time)? < 6 hours
 > 6 hours but the same day
 Next day
7. What time does PN need to be ordered to be received the same day? Not available same day
h h m m
8. a. Can your pharmacy/manufacturer supply tailored bags/bags with additives? Yes No
- b. If Yes can you order these bags: 7 days/week 5 days/week Other
9. a. Is PN supplied to the ward via the on-site pharmacy? Yes No
- b. Is a stock of PN maintained on any adult ward? Yes No
- c. If Yes on which wards? Adult Medical Adult Surgical Adult ICU
- d. If Yes to 9b, is a record of patients receiving PN maintained centrally (e.g. with pharmacy)? Yes No
10. Is there an auditable trail from product to patient? i.e. if there was a product recall would it be possible to trace the batch? Yes No

NUTRITION TEAMS

11. a. Does your hospital have a nutrition team for adult patients? Yes No
 (If No please go to section B on page 4)
- b. If Yes who is in this team?
- | | |
|--|---|
| <p>Doctor (* Please see page 11 for codes)</p> <p>* specialty <input style="width: 40px; height: 20px;" type="text"/></p> <p>* grade <input style="width: 60px; height: 20px;" type="text"/></p> <p>Doctor</p> <p>* specialty <input style="width: 40px; height: 20px;" type="text"/></p> <p>* grade <input style="width: 60px; height: 20px;" type="text"/></p> <p>Doctor</p> <p>* specialty <input style="width: 40px; height: 20px;" type="text"/></p> <p>* grade <input style="width: 60px; height: 20px;" type="text"/></p> | <p>Dietitian <input type="checkbox"/></p> <p>Pharmacist <input type="checkbox"/></p> <p>Nutrition nurse specialist <input type="checkbox"/></p> <p>Other (please specify) <input style="width: 150px; height: 20px;" type="text"/></p> <p>Other (please specify) <input style="width: 150px; height: 20px;" type="text"/></p> |
|--|---|





12. a. How often does the nutrition team have an MDT meeting?

Weekly

Monthly

Fortnightly

Other

(please specify)

b. How often does the nutrition team undertake rounds?

Daily (7 days/week)

Weekly

Daily (5 days/week)

Other

(please specify)

13. What is the function of the nutrition team?

Review only Enteral Nutrition referrals

Review only Parenteral Nutrition referrals

Review both Enteral and Parenteral Nutrition referrals

14. With respect to ordering and administering PN, does the nutrition team have:

Complete autonomy (i.e. can say no to PN)

Advisory role only

15. Is there an over arching nutrition steering group/forum involved in the development and ratification of nutritional guidelines?

Yes

No

B. PAEDIATRIC PATIENTS

Please answer questions 16 - 28 with respect to PAEDIATRIC PATIENTS. If your hospital does not admit Paediatric patients you do not need to complete section B. Please go to section C on page 7.

PRESCRIPTION

16. a. Who decides on the composition of PN (please answer this for each type of paediatric ward your hospital has, answers may be multiple)?

	(i) Paediatric Medical	(ii) Paediatric Surgical	(iii) Paediatric ICU
Medical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietitian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition nurse specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>

b. Would the above person(s) usually belong to the nutrition team?

Yes

No

Yes

No

Yes

No





17. a. Who signs the prescription for PN in your hospital (please answer this for each type of ward your hospital has, answers may be multiple)?

	(i) Paediatric Medical	(ii) Paediatric Surgical	(iii) Paediatric ICU
Medical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition nurse specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Would the above person(s) usually belong to the nutrition team?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

MANUFACTURE AND SUPPLY

18. Where is PN made?

On-site
 External pharmacy (another hospital)
 External manufacturer

19. If PN is ordered during normal working hours how quickly can your pharmacy/matrix manufacturer supply PN (turn around time)?

< 6 hours
 > 6 hours but the same day
 Next day

20. What time does PN need to be ordered to be received the same day?

not available same day
h h m m

21. a. Can your pharmacy/matrix manufacturer supply tailored bags/bags with additives?

Yes No

b. If Yes can you order these bags: 7 days/week 5 days/week Other

22. a. Is PN supplied to the ward via the on-site pharmacy? Yes No

b. Is a stock of PN maintained on any ward? Yes No

c. If Yes on which wards? Paediatric Medical Paediatric ICU
 Paediatric Surgical

d. If Yes to 22b, is a record of patients receiving PN maintained centrally (e.g. with pharmacy)? Yes No

23. Is there an auditable trail from product to patient? i.e. if there was a product recall would it be possible to trace the batch? Yes No



NUTRITION TEAMS

24. a. Does your hospital have a nutrition team for paediatric patients? Yes No

(If No please go to section C on page 7)

- b. If Yes who is in this team?

Doctor (* Please see page 11 for codes)	Dietitian	<input type="checkbox"/>
* specialty <input type="text"/>		
* grade <input type="text"/>	Pharmacist	<input type="checkbox"/>
Doctor	Nutrition nurse specialist	<input type="checkbox"/>
* specialty <input type="text"/>		
* grade <input type="text"/>	Other (please specify)	<input type="text"/>
Doctor	Other (please specify)	<input type="text"/>
* specialty <input type="text"/>		
* grade <input type="text"/>		

25. a. How often does the nutrition team have an MDT meeting?

<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Other <input type="text"/>
	(please specify)

- b. How often does the nutrition team undertake rounds?

<input type="checkbox"/> Daily (7 days/week)	<input type="checkbox"/> Weekly
<input type="checkbox"/> Daily (5 days/week)	<input type="checkbox"/> Other <input type="text"/>
	(please specify)

26. What is the function of the nutrition team?

<input type="checkbox"/> Review only Enteral Nutrition referrals
<input type="checkbox"/> Review only Parenteral Nutrition referrals
<input type="checkbox"/> Review both Enteral and Parenteral Nutrition referrals

27. With respect to ordering and administering PN, does the nutrition team have:

<input type="checkbox"/> Complete autonomy (i.e. can say no to PN)
<input type="checkbox"/> Advisory role only

28. Is there an over arching nutrition steering group/forum involved in the development and ratification of nutritional guidelines?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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C. NEONATAL PATIENTS

Please answer questions 29 - 41 with respect to NEONATAL PATIENTS. If your hospital does not admit Neonatal patients you do not need to complete section C. Please go to section D on page 9

PRESCRIPTION

29. a. Who decides on the composition of PN on the neonatal ICU/Special Care Baby Unit ?

- Medical staff
- Dietitian
- Pharmacist
- Nutrition nurse specialist
- Other (please specify)
- Other (please specify)

b. Would the above person(s) usually belong to the nutrition team? Yes No

30. a. Who signs the prescription for PN in your neonatal ICU/Special Care Baby Unit ?

- Medical staff
- Pharmacist
- Nutrition nurse specialist
- Other (please specify)
- Other (please specify)

b. Would the above person(s) usually belong to the nutrition team? Yes No

MANUFACTURE AND SUPPLY

31. Where is PN made?

- On-site
- External pharmacy (another hospital)
- External manufacturer

32. If PN is ordered during normal working hours how quickly can your pharmacy/manufacturer supply PN (turn around time)?

- < 6 hours
- > 6 hours but the same day
- Next day

33. What time does PN need to be ordered to be received the same day?

- not available same day
- h h m m

34. a. Can your pharmacy/manufacturer supply tailored bags/bags with additives?

- Yes No

b. If Yes can you order these bags: 7 days/week

- 5 days/week Other

35. a. Is PN supplied to the ward via the on-site pharmacy?

- Yes No

b. Is a stock of PN maintained on the ward?

- Yes No

c. If Yes to 35b, is a record of patients receiving PN maintained centrally (e.g. with pharmacy)?

- Yes No





36. Is there an auditable trail from product to patient? i.e. if there was a product recall would it be possible to trace the batch? Yes No

NUTRITION TEAMS

37. a. Does your hospital have a nutrition team for neonatal patients? Yes No
(If No please go to section D on page 9)

b. If Yes who is in this team?

Doctor (* Please see page 11 for codes)

* specialty

* grade

Doctor

* specialty

* grade

Doctor

* specialty

* grade

Dietitian

Pharmacist

Nutrition nurse specialist

Other (please specify)

Other (please specify)

38. a. How often does the nutrition team have an MDT meeting? Weekly Monthly
 Fortnightly Other
(please specify)

- b. How often does the nutrition team undertake rounds? Daily (7days/week) Weekly
 Daily (5 days/week) Other
(please specify)

39. What is the function of the nutrition team?
 Review only Enteral Nutrition referrals
 Review only Parenteral Nutrition referrals
 Review all Nutrition referrals
40. With respect to ordering and administering PN, does the nutrition team have:
 Complete autonomy (i.e. can say no to PN)
 Advisory role only

41. Is there an over-arching nutrition steering group/forum involved in the development and ratification of nutritional guidelines? Yes No



D. PARENTERAL NUTRITION PRACTICE

Please answer all questions (42 - 52) in section D

42. Are there hospital guidelines for initiating PN? Yes No
43. Is there a written hospital policy for the changing of PN bags/line handling? Yes No
44. Are there specialist nutrition nurses within your hospital? Yes No
45. a. Are the ward nurses given specific training in the care of patients who require PN? Yes No
- b. If Yes, are they based on: Specific wards Distributed across the hospital
46. Are there dedicated areas where PN is only allowed to be given? Yes No
47. a. Is there audit of PN practice within your hospital? Yes No
- b. If Yes how often is this repeated?

LINE INSERTION

48. Is there a hospital policy on insertion and clinical care of central venous catheters? Yes No
49. a. Do you have a dedicated CVC/PICC insertion service? Yes No
- b. If Yes who runs this service? (answers may be multiple)
- Nurse based team Surgeons
- Radiologists Nutrition team
- Anaesthetists Other

CATHETER RELATED BLOOD STREAM INFECTIONS

50. Is there a written hospital policy for the management of CVC infection? Yes No
51. If a catheter infection is suspected which of the following investigations are done? (answers may be multiple)
- CRP Pour plates
- FBC Tip of line sent for culture (quantitative culture)
- Peripheral blood cultures Automated blood culture
- Central blood cultures Other
52. a. Is antibiotic prophylaxis used to prevent line infection during line insertion? Yes No
- b. If Yes is this for: Percutaneous Open surgical Both

Thank you for completing this questionnaire - the findings of the study will be published in mid to late 2010



If needed please use this page for providing additional information (please indicate the question number a response relates to).



NATIONAL SPECIALTY CODES

100 = General Surgery	107 = Vascular Surgery	160 = Plastic Surgery
101 = Urology	110 = Trauma & Orthopaedics	161 = Burns Care
103 = Breast Surgery	120 = Ear, Nose & Throat (ENT)	170 = Cardiothoracic Surgery
104 = Colorectal Surgery	130 = Ophthalmology	172 = Cardiac Surgery
105 = Hepatobiliary & Pancreatic Surgery	140 = Oral Surgery	173 = Thoracic Surgery
106 = Upper Gastrointestinal Surgery	145 = Maxillo-Facial Surgery	180 = Accident & Emergency
	150 = Neurosurgery	190 = Anaesthetics
		192 = Critical/Intensive Care Medicine
300 = General Medicine	340 = Respiratory Medicine	500 = Obstetrics & Gynaecology
301 = Gastroenterology	350 = Infectious Diseases	501 = Obstetrics
302 = Endocrinology	352 = Tropical Medicine	502 = Gynaecology
303 = Clinical Haematology	360 = Genito-Urinary Medicine	800 = Clinical Oncology
306 = Hepatology	361 = Nephrology	810 = Radiology
307 = Diabetic Medicine	370 = Medical Oncology	820 = General Pathology
314 = Rehabilitation	400 = Neurology	823 = Haematology
315 = Palliative Medicine	410 = Rheumatology	
320 = Cardiology	430 = Geriatric Medicine	
171 = Paediatric Surgery	217 = Paediatric Maxillo- Facial Surgery	252 = Paediatric Endocrinology
211 = Paediatric Urology	218 = Paediatric Neurosurgery	253 = Paediatric Clinical Haematology
212 = Paediatric Transplantation Surgery	220 = Paediatric Burns Care	258 = Paediatric Respiratory Medicine
213 = Paediatric Gastrointestinal Surgery	221 = Paediatric Cardiac Surgery	260 = Paediatric Medical Oncology
214 = Paediatric Trauma & Orthopaedics	222 = Paediatric Thoracic Surgery	321 = Paediatric Cardiology
215 = Paediatric Ear, Nose & Throat	242 = Paediatric Intensive Care	420 = Paediatrics
	251 = Paediatric Gastroenterology	421 = Paediatric Neurology
		422 = Neonatology

CLINICIAN GRADES

When completing the questionnaire please use the codes below for the relevant clinician grades

Consultant = CONS

Senior specialist trainee (SpR 3+ or ST3+) = ST3

Non Consultant Career Grade = NCCG

Junior specialist trainee (SpR 1&2 or ST 1&2) = ST2

Staff and Associate Specialist = SAS

Basic grade (FY, HO's, SHO's or CT's) = FY

Trainee with completed certificate of training = CCT





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